

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21253

State File No.

Registrar's No.

FILED JUL 13 1942
Registration District No. 328

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Newton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks
In this community several years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara DAWSON

3. (b) If veteran, name war none 3. (c) Social Security No. no

4. Sex 71 5. Color or race w 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive 1880
7. Birth date of deceased July (Month) 7 (Day) 1880 (Year)

8. AGE: Years 61 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Blytheville mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER { 12. Name Joseph Newton
13. Birthplace don't know (City, town, or county) (State or foreign country)
14. Maiden name Amanda Richardson
15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucille Oxley
(b) Address Newton mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28-42 (Month) (Day) (Year)

(c) Place: burial or cremation funeral home

18. (a) Signature of funeral director Newton mo
(b) Address Newton mo

19. (a) June 28, 1942 (Date received local registrar) Nada W. Hoffmann (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Grundy
(c) City or town Newton (If outside city or town limits, write "RURAL")
(d) Street No. 1970 E 9th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 6:30 P. minute 0

21. I hereby certify that I attended the deceased from May 22, 1942, to June 26, 1942; that I last saw her alive on June 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus and in- testine Duration few months

Due to 48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus, ap- pending to intestines, & omentum
Of operations none
Of autopsy none PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Miller M.D. (M. D. or other)
Address Newton mo Date signed 6-27-42

1202 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.